

**Michigan Department of Natural Resources and Environment
Wildlife Division**

**2012 Deer Habitat Improvement Partnership Initiative
Application Form**

Organization information:

Applicant organization name: _____

Mailing address: _____

City: _____ MI: Zip code: _____

Contact person / representative: _____ Email: _____

Mailing address if different from above: _____

City: _____ MI: Zip code: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Organization tax ID number: _____

Proposed project location legal description:

County: _____ Township: _____ Range: _____

Section(s): _____ Subsection(s): _____ Acreage: _____

GPS coordinates: _____

Landowner name: _____ Telephone: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip code: _____

Landowner email: _____

Landowner permission for project: _____ (attach copy of written permission)

Proposal description: Include detailed description of planned habitat improvement project and expected benefits. List any additional parties to proposal (attach extra sheets & maps if necessary). _____

List specific proposal implementation needs: Estimated itemized materials costs or requirements. Include any contractor recommendations or other needs (attach extra sheets if necessary). _____

_____ Estimated total proposal cost: \$_____._____

2012 Deer Habitat Improvement Partnership Initiative Application Form (continued)

List organization implementation plans for the proposal: Be specific as to who does what, including specifics on any 25% cost share provisions (i.e. financial contribution, in-kind contributions, volunteer hours, materials, contractual labor, etc.) (attach extra sheets if necessary). _____

Proposal communication strategy: Include specific plans for: signage, press or media contacts / organizations, text, and educational outreach (attach extra sheets if necessary). Final communications message content and delivery will be at the discretion of the DNR.

Briefly describe organizations previous successful experience with field based projects (attach extra sheets if necessary). _____

Organizations representative signature

_____ Date: ____/____/____

Return all completed application materials by March 31, 2012 to: Initiative Biologist Bill Scullon, Department of Natural Resources, Norway Field Office, 520 West US Hwy 2, Norway MI 49870. For additional information contact the Initiative Biologist at telephone (906) 563-9247, fax (906) 563-5802 or email scullonh@michigan.gov.